263-C-R02-0611-22000528-1 -263-C (P1) REV. 02 (06-11)	Ster OF COL	Mai	nmie Guenthart riposa County Assessor 2 10th St
CHURCH LESSORS' EXEMPTION CLA	IM	P.O.	Box 35 posa, CA 95338
PROPERTY LEASED BY A CHURCH TO A PASCHOOL, COMMUNITY COLLEGE, STATE C STATE UNIVERSITY, INCLUDING THE UNIV CALIFORNIA, USED JOINTLY WITH A CHUR	COLLEGE, OR ERSITY OF	Ph: ( Fax: tgue	(209) 966-2332 (209) 966-5719 nthart@mariposacounty.org day-Friday:8am-5pm
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and n	mailing address)		
L			ive the full exemption, this claim must with the Assessor by February 15.
IDENTIFICATION OF APPLICANT			
LESSOR'S CHURCH OR ORGANIZATION NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
IDENTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)			
			FISCAL YEAR OF CLAI 20 20 ASSESSOR'S PARCEL NUMBER
ADDRESS OF PROPERTY (NUMBER AND STREET)			20 20
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE	primary and incidental qualifying roperty: (if there are numerous property and the name	properties, please a	ASSESSOR'S PARCEL NUMBER y. ttach a list that clearly identifies the
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the	roperty: (if there are numerous	properties, please a and address of the	ASSESSOR'S PARCEL NUMBER y. ttach a list that clearly identifies the
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the  The exemption claim is made for the following pr	roperty: (if there are numerous property and the name	properties, please a and address of the	20 20 ASSESSOR'S PARCEL NUMBER y. ttach a list that clearly identifies the lessee)
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the p The exemption claim is made for the following pr PROPERTY TYPE	roperty: (if there are numerous property and the name	properties, please a and address of the	20 – 20 ASSESSOR'S PARCEL NUMBER y. ttach a list that clearly identifies the lessee)
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  C Check and state the p The exemption claim is made for the following pr PROPERTY TYPE Land Land	roperty: (if there are numerous property and the name	properties, please a and address of the	20 – 20 ASSESSOR'S PARCEL NUMBER y. ttach a list that clearly identifies the lessee)
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the  The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements	roperty: <i>(if there are numerous property and the name PRIMARY USE(S</i>	properties, please a and address of the	20 20 ASSESSOR'S PARCEL NUMBER y. ttach a list that clearly identifies the lessee)
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  C Check and state the  The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property	roperty: <i>(if there are numerous property and the name PRIMARY USE(S</i>	properties, please a and address of the )	20 20 ASSESSOR'S PARCEL NUMBER y. ttach a list that clearly identifies the lessee)
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ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY         ✓         Check and state the p         The exemption claim is made for the following pr         PROPERTY TYPE         □         Land         □         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         □       Yes         □       No	he church in the form of rents, ining and operating the leased	properties, please a and address of the CITY fees, or charges fro property. ares it uses the p	20 20 ASSESSOR'S PARCEL NUMBER y. ttach a list that clearly identifies the lessee) INCIDENTAL USE
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ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the /         The exemption claim is made for the following pr         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by the and usual expenses in mainta         An affidavit must be attached         I certify (or declare) under penalty of perjury und accompanying statements         SIGNATURE OF PERSON MAKING CLAIM         NAME OF PERSON MAKING CLAIM	he church in the form of rents, ining and operating the leased <b>CERTIFICATIO</b> ler the laws of the State of Califo	properties, please a and address of the ) CITY fees, or charges fro d property. Inres it uses the p N pornia that the foregoin	20 20         ASSESSOR'S PARCEL NUMBER         y.         ttach a list that clearly identifies the         lessee)         INCIDENTAL USE         Y.         (STATE, ZIP CODE         Immodeline         Assessed the ordinal         Property for exempt purposes.         Imp and all information hereon, including and knowledge and belief.         DATE         TITLE
ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the /         The exemption claim is made for the following pr         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by the and usual expenses in mainta         An affidavit must be attached         I certify (or declare) under penalty of perjury under accompanying statements         SIGNATURE OF PERSON MAKING CLAIM	he church in the form of rents, ining and operating the leased <b>CERTIFICATIO</b> ler the laws of the State of Califo	properties, please a and address of the ) CITY fees, or charges fro d property. Inres it uses the p N pornia that the foregoin	ASSESSOR'S PARCEL NUMBER  ASSESSOR'S PARCEL NUMBER  INCIDENTAL USE  ASSESSOR'S PARCEL NUMBER  (, STATE, ZIP CODE  The lease does not exceed the ordina  The lease does not exceed the lease does not exceed the ordina  The le

EF-263-C-R02-0611-22000528

## INSTRUCTIONS FOR FILING CHURCH LESSORS' EXEMPTION CLAIM

#### **IMPORTANT NOTICE**

This claim may be filed to claim the welfare exemption on property leased by a church to a public school, community college, state college, state university, including the University of California when the church and public school or college both use the property in a joint manner. (See Revenue and Taxation Code section 214.6.)

Although the church has previously been granted the religious exemption, which only requires a one-time filing, annual filing of this claim form is required for a property used in conjunction with a public school to be granted the welfare exemption.

Failure to submit the public school or college lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the lessors' claim form is due will result in a portion of the exemption being denied. A sample affidavit is included as page 3 of this form.

### **IDENTIFICATION OF APPLICANT**

Enter your church, corporate or organization information.

### **IDENTIFICATION OF PROPERTY**

Enter the address of the property for which you are seeking exemption.

### **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

### **USES OF PROPERTY**

Check each of the types of property being claimed, and state the primary and incidental uses of the property. Primary use may include both church and school use; incidental uses would include others who use the property for meetings, receptions, etc.

Enter the name and address of the public school or college lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Check the appropriate box to affirm that the total income received by the church in the form of rents, fees, or charges from the lease does not exceed the ordinary and usual expenses in maintaining and operating the leased property. The exemption is not available if the income exceeds the ordinary and usual expenses in maintaining and operating the leased property.

Attach an affidavit in which the public school or college lessee declares it uses the property for exempt purposes.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.



RETURN THIS AFFIDAVIT TO LESSOR

# AFFIDAVIT FOR EXECUTION BY QUALIFYING PUBLIC SCHOOL LESSEES

NAME OF QUALIFYING PUBLIC SCHOOL LESSEE	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
Check the type of qualifying use of the property	
PUBLIC SCHOOL     STATE UN	IVERSITY
COMMUNITY COLLEGE	ITY OF CALIFORNIA
STATE COLLEGE	
NAME OF CHURCH	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
DATE LEASE SIGNED	COMMENCEMENT DATE OF LEASE
THE ASSESSOR MAY REQUEST A	A COPY OF THE LEASE AGREEMENT
The following property is leased as of January 1 of this year. If persona etc. Attach a separate listing if necessary.	al property is being leased, indicate the type, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION
☐ Yes ☐ No With respect to lessees that are political subdivision exempt government entity leasing the same.	ons of the state, the property is located within the boundaries of the
	store that generates unrelated business taxable income as defined in
section 512 of the Internal Revenue Code. If <b>Yes</b> , a copy of the institution's most recent tax	return filed with the Internal Revenue Service must accompany this
	ing a ratio of the unrelated business taxable income to the bookstore's
CERTIF	FICATION
	e of California that the foregoing and all information hereon, including any and correct to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
EMAIL ADDRESS	DAYTIME TELEPHONE
	( )

